

I

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. Be correct and legible.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5992

180

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County.....

Calvert Hospital

City or town.....

Prince Frederick, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

John E. Bean

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M.

C

X

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Feb. 14, 1914

8. AGE:

Years

34

3

5

Months

3

19

Days

19

hrs.

min.

9. Birthplace

Md

(Town, county, and state)

10. Usual occupation.....

Laborer.

11. Industry or business

MOTHER FATHER

12. Name

John R. Bean

13. Birthplace

Md

14. Maiden name

Amelia Wyett.

15. Birthplace

Md

16. Informant

Williams H. Bean

Address

Howell, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month)

(day)

(year)

6-3-48

6-3-48

Cemetery or crematory

St. Johns.

Location

Calvert

R. E. Sewell

Funeral director

Address

Prince Frederick.

6-3-48

19. (Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Calvert

City or town

Howell.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

911-09-7549

## MEDICAL CERTIFICATION

20. DATE OF DEATH

6-1, 1948, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 31

1948

to

June 1

1948

and that I last saw him alive on

Immediate cause of death

Second Hand Degrees Burns  
of Both arms with  
due to legs, back and

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

5/29/48

Where did injury occur?

Howell

(City or town)

Md.

(State)

Injured at home, farm, industry, public place (where?)

Home

Means of injury

House caught fire

Injured at work?

8/1/48

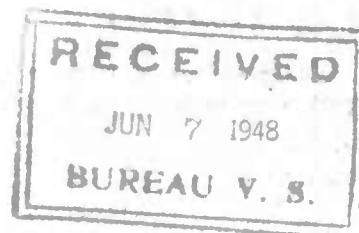
23. SIGNATURE

Address

M. D. or other

6/1/48

Date signed



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5993

## CERTIFICATE OF DEATH

Reg. Distr. No. 51

## 1. PLACE OF DEATH:

County Culvert  
City or town Dares, MD.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Edith Viola Berry

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FCMarried

6. (b) Name of husband or wife

Zellers Berry6. (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.)

Jan. 9, 1893

8. AGE:

Years 55Months 5

Days

If less than one day

hrs.  min. 

9. Birthplace

MD

(Town, county, and state)

10. Usual occupation

domestic

11. Industry or business

MOTHER FATHER William Freeland

12. Name

MD

13. Birthplace

MD

14. Maiden name

Alice Reid

15. Birthplace

MD

16. Informant

Zellers Berry

Address

Dares, MD.

17. Buried

(Burial, cremation, or removal. Which?)

Date thereof 6-7-48  
(month) (day) (year)

Cemetery or crematory

Plum Point

Location

Culvert

18. Funeral director

D. C. Sewell

Address

Prince Frederick, MD.

19. Date rec'd by registrar

6-2-48

(Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD

County

CulvertCity or town Dares

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

6-4-1948 at 11:05 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19.

June 5

19.

and that I last saw h. alive on

19.

June 5

19.

Immediate cause of death

Ca of Stomach

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

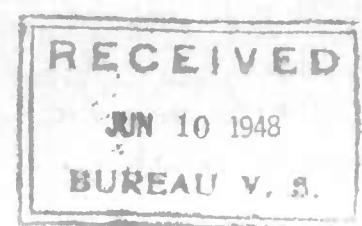
Injured at work?

23. SIGNATURE

D. C. Sewell

M. D. or other

Address St. Bernard St. Date signed June 5, 1948



Evidence for change of  
birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5994

AM. G 116 JUL 16 1948

CERTIFICATE OF DEATH

1750  
Reg. Dist. No. 51

1. PLACE OF DEATH:

County.....

Calvert

City or town.....

Willows

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

George W. Broers.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m

c

x

6. (b) Name of husband or wife

Mary E. Broers.

6. (c) If alive, give age 50 years

7. Birth date of  
deceased (mo. day, yr.)

Nov 22, 1892 1896

8. AGE:

56

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

md.

(Town, county, and state)

10. Usual occupation

Farmer.

11. Industry or business

MOTHER FATHER

12. Name

Louis Broers.

13. Birthplace

md.

14. Maiden name

Sonisse Hall.

15. Birthplace

md.

16. Informant

Mary E. Broers.

Address

Willows.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 6-25-48

(month) (day) (year)

Cemetery or crematory Particulat.

Location Calvert.

18. Funeral director

P. E. Sewell.

Address

Prince Frederick, Md.

Hugh Ward.

19.

19.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

maryland

County

Calvert.

City or town

Willows.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

6-23, 1948, at 4:25 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

13, 10,

19,

and that I last saw h. alive on

19,

Immediate cause of death

Coronary Embolism

DURATION

Due to Fall of truck 6/18/48

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

Calvert, Md  
(County)  
(State)

Injured at home, farm, industry, public place (where?)

Car

Means of injury

Injured at work?

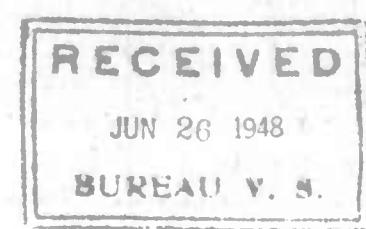
23. SIGNATURE

H. W. Ward

M. D. or other

Address Dr. H. W. Ward

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5995

830a

## CERTIFICATE OF DEATH

Reg. Dist. No. 52

## 1. PLACE OF DEATH:

County CALVERT County

City or town Prince FREDERICK

How long in above place of death? 6 MONTHS

Hospital, Institution, or street address where death occurred:

CALVERT COUNTY Hospital

How long in hospital or institution? 7 DAYS

## 3. (a) FULL NAME

FRANK W. CARTERSON

C

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

m w

## 6.(b) Name of husband or wife

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

FEB. 22, 1881

8. AGE: Years

Months

Days

If less than one day

67

hrs. min.

9. Birthplace

CALVERT COUNTY

(Town, county, and state)

10. Usual occupation

RETIRED, SALESMAN

11. Industry or business

PRODUCE

MOTHER FATHER

12. Name

FRANK CARTERSON

13. Birthplace

CALVERT COUNTY

14. Maiden name

LIZZA GOTT

15. Birthplace

CALVERT Co.

16. Informant

J. S. SICK CORA E. MARCELLUS

Address

Paris, mo.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 6 13 48  
(month) (day) (year)

Cemetery or crematory

Mt. Harmony Cem.

Location

Mt. Harmony

18. Funeral director

W. H. Hutchins

Address

Ave 19, Md

19. Date rec'd by registrar

June 11, 1948

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County Calvert

City or town Paris

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

6/10

1948 at 5:15 p.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  
1. 2 May 1948 to 6/10 1948  
and that I last saw him alive on 6/10 1948

Immediate cause of death

Cerebral accident

DURATION

Due to

Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Ferguson M. D. or other

Address Hagerwood Huntington Md Date signed 6/11/48

RECEIVED  
JUN 22 1948  
BUREAU V. S.

PLEASE WRITE PLAINLY WITH NONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5996

83a

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Calvert Hosp.

How long in hospital or institution?

## 3. (a) FULL NAME

Marion Curtis.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m.

c

x

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

T 1879

8. AGE:

Years      Months      Days      If less than one day

69

hrs.      min.

9. Birthplace Ind. Charles, C.

(Town, county, and state)

10. Usual occupation Farmer.

## 11. Industry or business

MOTHER FATHER William Curtis.

12. Name

13. Birthplace Ind.14. Maiden name Susan Butler15. Birthplace Ind.16. Informant Joshua GrayAddress Adelina Ind.17. Burial Carrolls. Date thereof 6-16-48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Carrolls.Location Calvert18. Funeral director T. E. SewellAddress Prince Frederick, Ind.19. 6-16-48 Date rec'd by registrar

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CalvertCity or town Adelina

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

6-13-1948 at 2, AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 4

1948, to 1948

and that I last saw him alive on 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

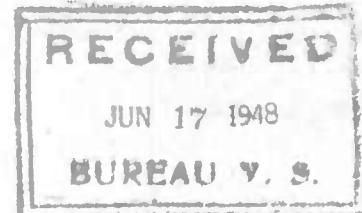
Injured at work?

23. SIGNATURE

Page DottAddress John Frederick

M. D. or other

Date signed 6/1/38



Evidence for change of  
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5997

FILM NO. G 116 JUN 18 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County.

Calvert

City or town.

St. Leonards

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Jennie R. Howe.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

C

X

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of  
deceased (mo., day, yr.)

6-26-1879

8. AGE: Years Months Days If less than one day

61/68 11 11 hrs. min.

9. Birthplace

Ind

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

12. Name

Thomas Harrod.

MOTHER FATHER

13. Birthplace

Ind

14. Maiden name

Hattie Henson.

15. Birthplace

Ind

16. Informant

Mrs. J. Taylor.

Address

St. Leonards.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

6-10-48

Cemetery or crematory

Brooks Chapel.

Location

Calvert.

18. Funeral director

P. E. Sewell

Address

Prince Frederick Ind.

19. (Date rec'd by registrar)

6-9

1948

H. H. Hard

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland County. Calvert

City or town. St. Leonards.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

6-7-1948, at 8<sup>30</sup> P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h. alive on

19.

Immediate cause of death

Adult coronary thrombosis

DURATION

Due to

Hypertension CVD

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

K. D. Cleveland

M. D. or other

St. Leonards

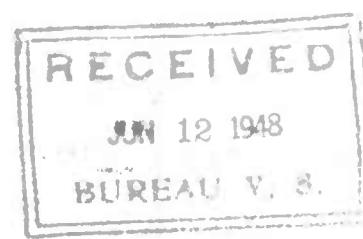
Date signed June 8, 1948

M  
M  
C  
AGE  
The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5998

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Calvert  
 County Susby  
 City or town Susby (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME Ely A Johnson

4. Sex M. 5. Color or race C 6. (a) Single, married, widowed, or divorced X

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) 1-24-1880 6. (c) If alive, give age..... years

8. AGE: Years 68 Months  Days  If less than one day  hrs.  min.

9. Birthplace md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Elijah Johnson

13. Birthplace md

14. Maiden name Minnie Key

15. Birthplace md

16. Informant Amos B Johnson

Address Susby, md

17. Burial Burial Date thereof 6-10-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Johns

Location Calvert

18. Funeral director P. E. Sewell

Address Prince Frederick

19. 6-9 19 48 N. H. Ward  
 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Calvert  
 City or town Susby (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6-48 at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... 19..... to 19.....

and that I last saw h..... alive on 19.....

Immediate cause of death.....

Septicemic heart disease

Due to.....

Calves disease

Due to.....

Other conditions.....

..... (Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

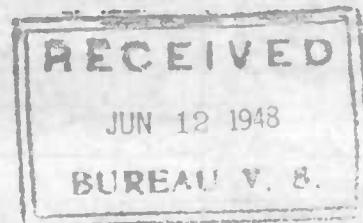
Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?)

Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE W. H. Ward M. D. or other

Address ..... Date signed 6-12-48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5999

170c

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County

Calvert

City or town

Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Norman George Pfannenstiel Jr.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

Jan 18, 1929

8. AGE:

Years

Months

Days

If less than one day

19

5

0

hrs.

min.

9. Birthplace

Baltimore, Md

(Town, county, and state)

10. Usual occupation

Plumber's Helper

11. Industry or business

MOTHER

12. Name

Norman G. Pfannenstiel Sr.

FATHER

13. Birthplace

Baltimore, Md

14. Maiden name

Anna M. Kirk

15. Birthplace

Baltimore, Md

16. Informant

Mrs. Anna M. Kirk

Address

2009 Penrose Ave., Balt., Md

17. Burial

Date thereof

June 22, 1948

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or cemetery

Western Cem.

Location

Baltimore, Md

18. Funeral director

A. G. Jackson &amp; Son

Address

Mutual, Md

19. 6-18

1948

(Date rec'd by registrar)

H. W. Hale

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

Md

County

City or town

Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No.

2009 Penrose Ave

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

?

## MEDICAL CERTIFICATION

20. DATE OF DEATH

June 18, 1948, at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 18, 1948, to, 1948.

and that I last saw him alive on

Immediate cause of death

Fractured skull

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

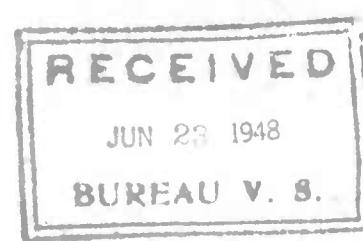
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. accident Date ofWhere did injury occur? State Rose - R. F. Fred., Calvert, Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) State RoseMeans of injury auto accident injured at work?

23. SIGNATURE

H. W. Hale M. D. or other

Address 2009 Penrose Ave Date signed



6000  
Evidence for change of  
age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Film No. G 116 JUN 30 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 52

Line correct age  
✓

1. PLACE OF DEATH:

County Calvert

City or town Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days

Hospital, Institution, or street address where death occurred:

Calvert County Hospital

How long in hospital or institution? 4 days

3. (a) FULL NAME:

John Welch

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

married

6. (b) Name of husband or wife Helen Welch

7. Birth date of

deceased (mo., day, yr.)

June 26, 1877

6. (c) If alive, give age 71 years

8. AGE:

Years 70

Months #

Days

If less than one day

hrs. min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

Thomas M. Plummer

13. Birthplace

Ind

14. Maiden name

Sallie Cracklin

15. Birthplace

Ind

16. Informant

Mrs. William Welch

Address

Friendship, Md

17. Burial

Burial, cremation, or removal. Which?

Date thereof 6 5 48

(month) (day) (year)

Cemetery or crematory

Friendship Cem

Location

Friendship, Md

18. Funeral director

W. H. Hutchinson

Address

Swings, Md

19. Date rec'd by registrar

June 3 1948

Grace S. Hutchins

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Calvert A.A.

City or town Prince George's

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

6/3

1948 at 8<sup>AM</sup>

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10 May

1947 to

6/3

1948

and that I last saw him alive on

6/2

1948

Immediate cause of death

Lobar pneumonia.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 9/3/48

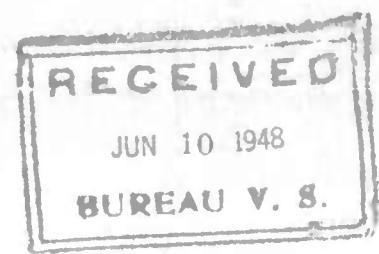
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6001

## CERTIFICATE OF DEATH

170c  
Reg. Dist. No. 521

## 1. PLACE OF DEATH:

County: *Owings Cabinet Co.*

City or town:

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

*ZEPP, Millard F*

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*m w**Single*

6. (b) Name of husband or wife:

7. Birth date of

deceased (mo., day, yr.)

*8-1930*

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace:

*Washington DC*

(Town, county, and state)

10. Usual occupation:

*Student*

11. Industry or business

MOTHER FATHER

12. Name: *ZEPP, Millard F Jr.*13. Birthplace: *Washington DC*14. Maiden name: *Lusby, Ruth*15. Birthplace: *Cherrydale, Va.*

16. Informant:

Address: *439 Oneida Pl NW*

17. Burial:

(Burial, cremation, or removal. Which?)

Date thereof: *June 29, 1948*

Cemetery or crematory:

*Fort Lincoln*

Location:

*Washington DC*18. Funeral director: *Hunterside Funeral Home*Address: *5732 Georgia Ave. Wash. D.C.*19. Date rec'd by registrar: *June 26 1948*Address: *Grace L. Hutchins*

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH:

*June 26*

19 48 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.

19.

and that I last saw him alive on

19.

Immediate cause of death:

*Fractured skull*

DURATION

Due to *This certificate delayed*

19.

Due to *due to degeneration*

19.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: *negligent* Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) *Highway*Means of injury *car accident* Injured at work? *No*

23. SIGNATURE:

*H. F. F. and  
S. L. H.*

M. D. or other

Address: *giving us*

Date signed.

8-0861

81-L1

81-L  
81-L

